

PREDICTING EARLY ALLIANCE DEVELOPMENT

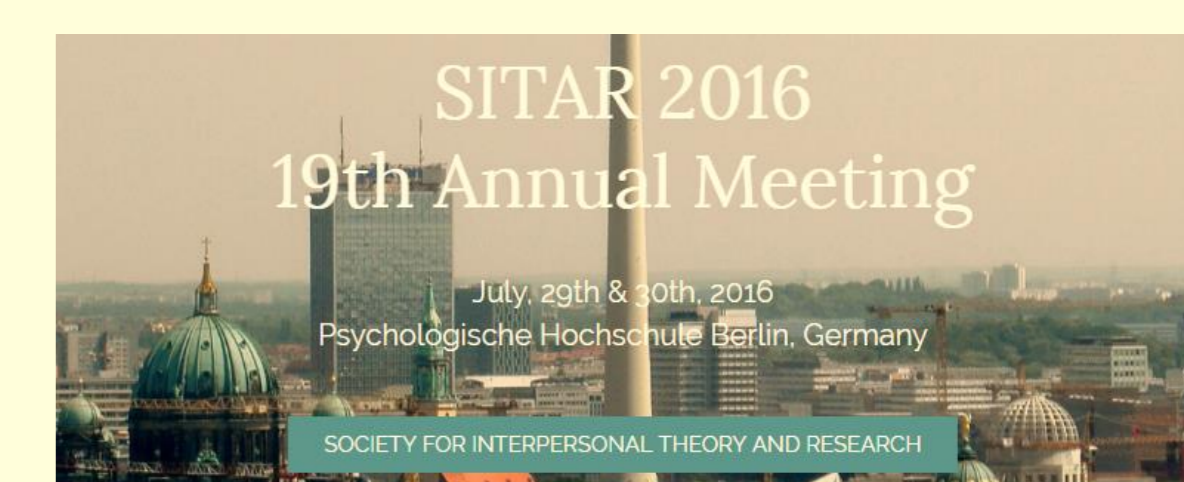
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INTRODUCTION

There is wide consensus that, in early stages of psychotherapy, a good alliance is an important predictor of positive outcome, particularly if rated by clients and in early stages of psychotherapy (Constantino et al., 2002; Horvath & Bedi, 2002). Both theory and empirical research have been concerned with delineating therapist and client specific contributions to alliance development, with particular emphasis on clinical, relational, and technical dimensions. Still, uncertainty persists and further evidence is needed. Although the relation between client attachment and alliance is relatively well established (e.g., Diener & Monroe, 2012), results seem more ambiguous regarding therapist attachment dimensions. Recent research suggests that the complexity of clients' problems may work as a moderator, turning therapist attachment relevant as clinical impairment increases (Bucci et al., 2015; Schauenburg et al., 2010). Additionally, therapist and client attachment dimensions may interact in ways that affect alliance, although research addressing this hypothesis is still very scarce (see Degnan et al., 2016). In particular, dissimilar or non-complementary matches of therapist and client relational dimensions may benefit the therapeutic process (Bernier & Dozier, 2002). Dealing with difficulties coming from the relational match and/or clinical severity will probably require therapists to regulate their own reactions, turning countertransference management (CtM; Gelso & Hayes, 2007) into a relevant dimension in the process.

OBJECTIVE

In this study, we examine individual and dyadic predictors of the initial development of alliance, including attachment dimensions within the dyad, clients' clinical variables, and therapists preferred theoretical models and experience. Additionally, we examine the participation of CtM as a possible mediator.

METHOD

Participants

- 12 independent therapeutic dyads in adult psychotherapy working in different community contexts
- Clients (C): 9 women and 3 men, ages from 19 to 58 years-old (M = 29.0, SD = 14.1)
- Therapists (T): 9 women and 3 men, ages from 28 to 55 years-old (M = 42.8, SD = 7.1), 5 to 23 years of experience (M = 14.3, SD = 5.9); predominant theoretical orientation: 5 psychoanalytic/dynamic, 2 humanistic/experiential, 3 cognitive-behavioral, 3 eclectic/integrative (1 assimilated cognitive-behavioral and eclectic/integrative)

Instruments

- Experiences in Close Relationships – Relationship Structures* (ECR-RS; Fraley et al., 2011; Portuguese version by Moreira et al., 2014): Self-report designed to assess attachment patterns in different relationships (9 items), scoring for attachment-related Avoidance and Anxiety. In this study, 3 targets were included (mother, father, and romantic partner or best friend), originating global Avoidance and Anxiety scores (Cronbach's alphas in Table 1). Match coefficients in Avoidance and Anxiety were calculated as the absolute difference between T and C scores on each of these dimensions, higher values meaning increased dissimilarity (as in Bruck et al., 2005; Bucci et al., 2015)
- Clinical Outcomes in Routine Evaluation – Outcome Measure* (CORE-OM; Evans et al., 2000; Portuguese version by Sales et al., 2012): 34-item self-report questionnaire designed to measure change in mental health of adults in psychological therapy. Well-being, Problems/Symptoms, Functioning, and Risk are assessed. In this study, we used the subscales and the total score
- Working Alliance Inventory – Short Revised* (WAI-SR; Hatcher & Gillaspay, 2006; Portuguese version by Ramos, 2008): 12-item self-report scale comprising three dimensions (Bond, Tasks, and Goals). Following results from the Portuguese adaptation, Tasks and Goals were merged into a single dimension, and item 5 was dropped for the Bond score. Aside from the partial and total scores, evolution in Bond and Tasks/Goals from 2nd to 5th session (or t1 to t2) were computed as the difference between t2 and t1 respective scores
- Countertransference Factors Inventory – Direct* (CFI; Gelso et al., 1995; Portuguese version by Barreto et al., 2014): 21-item scale assessing five dimensions underlying effective management of CT: Self-insight, Empathy, Conceptualizing Skills, Self-integration, and Anxiety Management. Some dimensions were excluded from analysis due to inadequate Cronbach's alphas, and some items were dropped from other dimensions for the same reason (see Cronbach's alphas in Table 2). We retained the total score (dropping item 17), Self-insight (items 12 and 17 eliminated), and Empathy. A self-rated session-specific form was used

Procedure

As part of an ongoing study (*BINOCULAR* – www.fpce.up.pt/binocular/), therapists of different orientations were invited to participate in a longitudinal study on therapeutic process. All data were collected on-line (*LimeSurvey 1.87**). Regarding the variables reported in this study, T and C attachment (ECR-RS) and socio-demographic data were assessed prior to 2nd session. T and C session evaluation (SEQ) was measured after the 2nd session (t1) and after 5th session (t2)

Data Analysis

Aside from the correlational analyses, linear regressions and path analyses were performed using only manifest variables due to the small sample size. Variables were centered whenever interaction effects were tested (Maroco, 2014). Analyses were run with *IBM SPSS Statistics 22* and *IBM SPSS Amos 23*.

RESULTS

Initially, we examined the correlations between the clinical and attachment predictors and the process variables. Given the small sample size, we decided to report in **Table 1** non-significant correlations with $p < .10$, signaling possible tendencies. Through this criterion, none of the WAI session-specific scores reached such correlational values, which is why these variables are absent from the table.

Table 1

	α	Evol WAI	Evol WAI Bond	Evol WAI T/G	CFI t1	CFI Empath t1	CFI Insight t1	CFI t2	CFI Empath t2	CFI Insight t2
CORE	.94		.54*			.51*				
CORE R	.76		.70*							
CORE W	.82					.55*			.51*	
CORE F	.88									
CORE P	.88									
C Att Avoid	.79									
T Att Avoid	.88				.54*					
T Att Avoid	.93									
T Att Avoid	.90									.62*
Avoid Match			.84**		.56*		.63*			
Anx Match			.68*		.54*					

* $p < .10$; ** $p < .05$; *** $p < .01$

We then extended the correlational analysis to the associations among process variables (alliance and CtM – **Table 2**) and between these and T background predictors (theoretical preferences, experience – **Table 3**; since no associations with $p < .10$ were found neither for the CFI dimensions nor the WAI evolution scores, these variables were eliminated from the table).

Table 2

	α	CFI t1	CFI Empath t1	CFI Insight t1	CFI t2	CFI Empath t2	CFI Insight t2
WAI t1	.95	.75	.87	.75	.67	.75	.86
WAI Bond t1	.90					.55*	
WAI T/G t1	.93					.58*	
WAI t2	.93						
WAI Bond t2	.91						
WAI T/G t2	.91						
Evol WAI			-.50*			-.54*	
Evol WAI Bond							
Evol WAI T/G							-.61*

* $p < .10$; ** $p < .05$; *** $p < .01$

	WAI t1	WAI Bond t1	WAI T/G t1	WAI t2	WAI Bond t2	WAI T/G t2
Psychoanalytic/dynamic						
Humanistic/experiential		.58*				
Cognitive-behavioral						
Systemic		.59*				
Eclectic/integrative						
Experience			-.52*			-.60*

Table 3

We then tested direct and interaction effects of T and C attachment on t1 and t2 session-specific and t1-t2 evolution WAI ratings. A significant effect of the interaction between T avoidance and C anxiety on the evolution of WAI Bond was found ($\beta = -.65$, $p = .004$); additionally, C avoidance had a significant positive effect on WAI Bond evolution ($\beta = .53$, $p = .044$). We also examined CORE dimensions as possible moderators of the effect of T attachment on alliance and its t1-t2 evolution. In this respect, we found two significant interaction effects on WAI Bond evolution: T avoidance x CORE Risk ($\beta = -.42$, $p = .008$) and T avoidance x CORE Functioning ($\beta = -.60$, $p = .012$). All these effects are presented in **Figure 1**, including explained variances for each dependent variable and other effects found. In **Figure 2**, these interaction effects were further investigated by plotting outcome scores predicted by independent variables as a function of low (one SD below mean) and high (one SD above mean) moderator values.

Figure 1

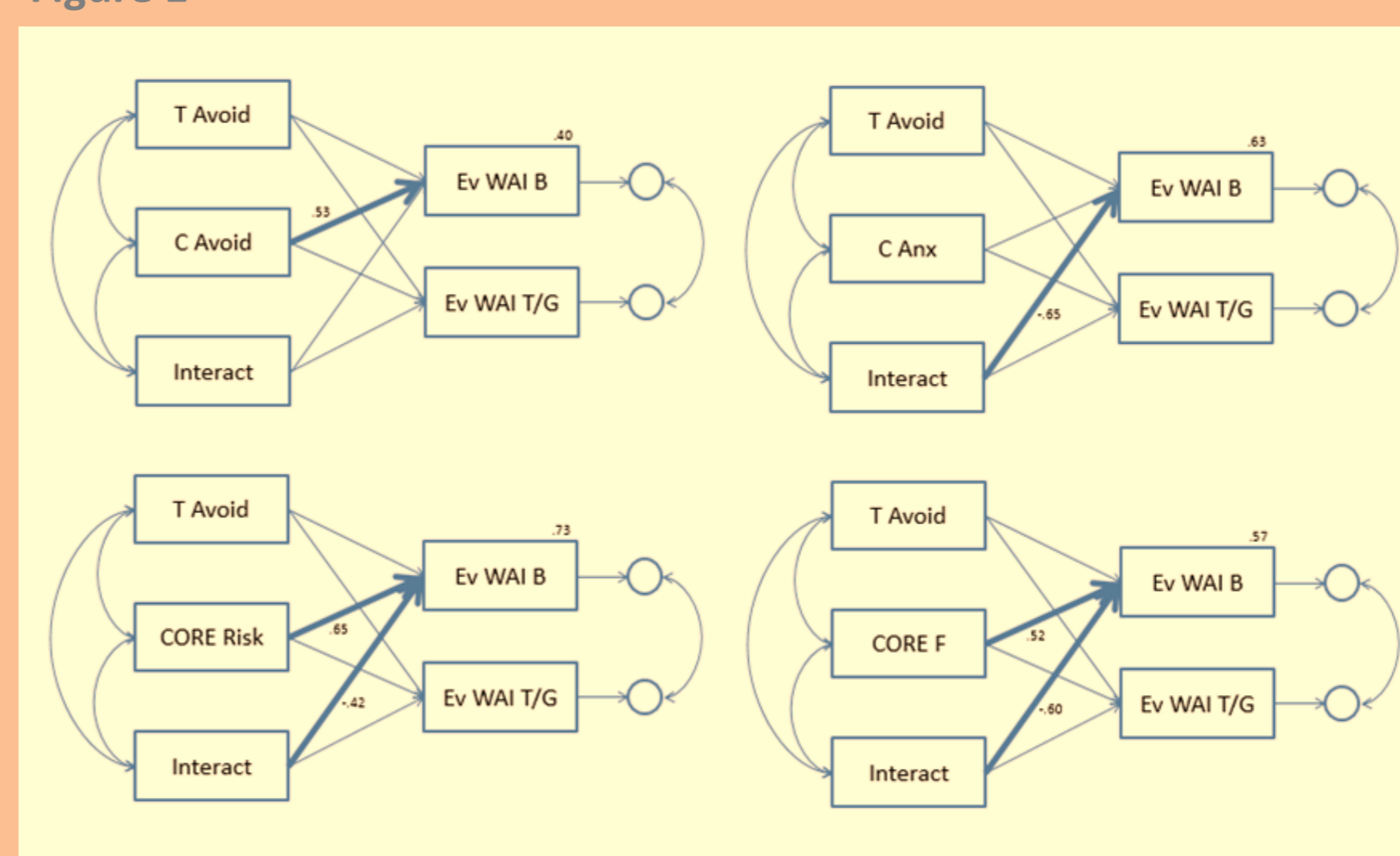
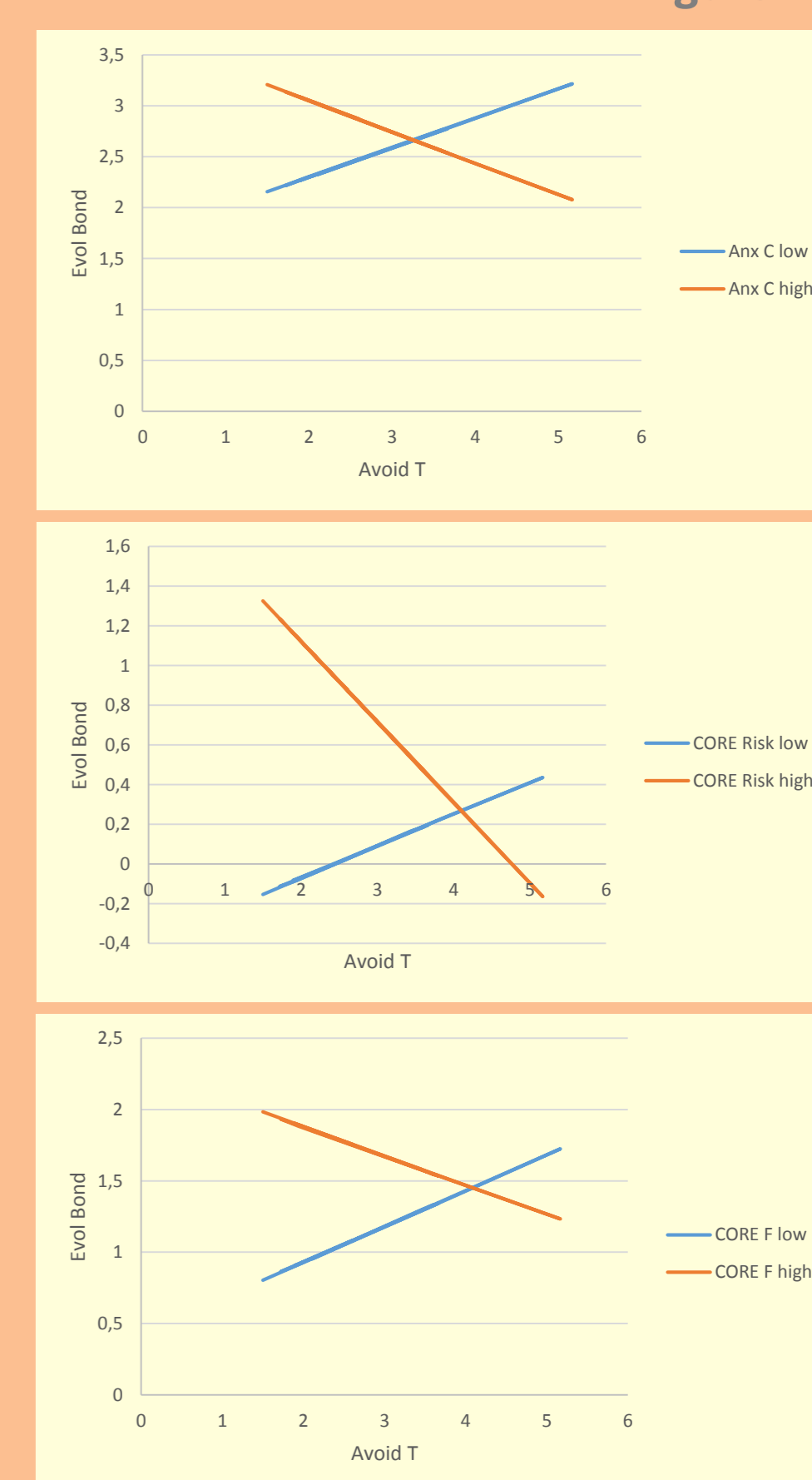


Figure 2



Finally, the CFI dimensions were tested as mediators of the effect of several predictors on alliance ratings, but no significant results were registered.

DISCUSSION / CONCLUSIONS

- Absence of significant associations between predictors and alliance at 2nd and 5th session is somewhat surprising, particularly for C attachment dimensions (Diener & Monroe, 2012)
- Most significant results involved alliance evolution instead of session-specific ratings, which may mean that alliance variations are more relevant than momentary assessments
- Within alliance evolution variables, most significant results concerned the Bond dimension, possibly due to the early stage of the therapeutic process and the relational nature of most predictors
- Problematic C dimensions (CORE scores, attachment avoidance) are positively associated with the WAI Bond evolution. This may be explained by initial difficulties experienced by Cs in therapy that quickly improve after the first sessions. Also, it may mean that Ts respond to these difficulties with greater involvement, as suggested by the tendency for positive associations between some of these C dimensions and aspects of CtM (empathy and total score)
- However, empathy-based CtM in both t1 and t2 yielded a tendency for negative associations with the total WAI evolution, probably due to the significant negative correlations with its Tasks/Goals dimension. Again, CtM seems to signal difficulties in therapy and follows a pattern that is difficult to interpret with the current results. This conclusion is confirmed by our failure to find the expected mediating effects for CtM
- Still, T and C dissimilarities in avoidance and anxiety seem to favor CtM, which may be interpreted as representing T's efforts to harmonize with C's contrasting relational style or signaling difficulties dealing with C's whose interpersonal stance and experiences may feel "too close to home". T's self-insight appears to be hindered by attachment anxiety as the process progresses, possibly indicating the emergence of relational concerns after the initial welcoming and assessment sessions
- Non-complementary effect was supported by the positive associations between the attachment match coefficients and evolution in WAI Bond. The significant interaction between T avoidance and C anxiety is less clear in terms of the combination of relational orientations involved, though. Less avoidant (which may mean more secure) Ts seem to do better with more anxious Cs than more avoidant Ts do, who in turn may deal better with less anxious Cs than those presenting higher anxiety. Put another way, WAI Bond evolution from 2nd to 5th session is better combining more avoidant Ts with less anxious Cs or less avoidant Ts with more anxious Cs
- The hypothesis of T's attachment effect on alliance being moderated by the severity of C's problems was supported by the interaction effects between T avoidance and CORE Risk and Functioning dimensions. In both cases, T avoidance clearly seems to hinder Bond evolution with more problematic Cs. Conversely, it appears to benefit Bond evolution with less problematic Cs. A possible explanation may be that Cs in greater difficulties experience difficulties in initial contacts which evolve more positively the more they are matched with reassurance from lower-avoidant Ts; Cs in lower distress may experience greater initial difficulties with avoidant Ts than they would with less avoidant ones, but they have greater margin for progress in the former case than in the latter (and greater than more distressed Cs would have with avoidant Ts)
- Although our results mostly confirm the ubiquity of alliance across theoretical orientations, there is evidence that identification with humanistic/experiential and systemic models benefit the Bond component of alliance at 5th session. Humanist-oriented therapists are known for the central role they assign to the qualities of the relationship. In the case of systemic orientation, it is worth noting that none of the Ts from our sample chose as their predominant influence. These are interesting results needing further confirmation and reflection
- Apparently, more experienced Ts tend to inspire a lower sense of consensus around the tasks and goals of therapy in their Cs. This may indicate less directiveness, and may also help understand why most of the effects found with our sample of quite experienced Ts concerned the Bond component of alliance
- Main limitations of the study:** small sample, possible common method biases, internal consistency in CFI subscales, measurement error may distort results (structural equation modeling with latent variables desirable), lack of qualitative data – ongoing longitudinal study may help illuminate some of the results and overcome limitations

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